

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
 ANNUITY DUE ON OR BEFORE DATE: \$100 OF UNPAID: \$1000 ANNUITY DUE TO REINSTATE: NONE

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N12090 (9)
 T. Corporation Name
 HILLSBOROUGH CONSTITUENCY FOR CHILDREN, INC.

FILED
 1995 JUL 13 AM 9:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: P.O. BOX 272717 TAMPA FL 33688-2717
 Mailing Address: P.O. BOX 272717 TAMPA FL 33688-2717

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: 11/14/1985
 3a. Date of Last Report: 02/02/1994
 4. FEI Number: 59-2659511
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: FILING FEE IS \$61.25
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
 SMITH, DIANE M.
 2214 E HENRY AVE
 TAMPA FL 33610

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: TRIBUNELLA, RICHARD J.	1.1 TITLE: PD	L. Adlai Boyd, Ph.D.
STREET ADDRESS: 3110 CLAY MANGUM	CITY-ST-ZIP: TAMPA FL	1.2 NAME:	1.3 STREET ADDRESS: 13301 Bruce B. Downs Blvd.
		1.4 CITY-ST-ZIP:	Tampa, FL 33612
TITLE: VD	NAME: RAMSEY, LYNN A.	2.1 TITLE: VD	Kelly Chambers
STREET ADDRESS: 903 GOLF VIEW ST	CITY-ST-ZIP: TAMPA FL	2.2 NAME:	2.3 STREET ADDRESS: 1202 E. Palm Ave.
		2.4 CITY-ST-ZIP:	Tampa, FL 33605
TITLE: TD	NAME: SMITH, DIANE M.	3.1 TITLE: TD	Paul Holden
STREET ADDRESS: 209 S. MORGAN ST	CITY-ST-ZIP: TAMPA FL	3.2 NAME:	3.3 STREET ADDRESS: 1202 E. Palm Ave.
		3.4 CITY-ST-ZIP:	Tampa, FL 33605
TITLE: SD	NAME: DOUGHTY, KAY	4.1 TITLE: SD	Diane M. Smith
STREET ADDRESS: 4422 E. COLUMBUS DR	CITY-ST-ZIP: TAMPA FL	4.2 NAME:	4.3 STREET ADDRESS: 2214 E. Henry Ave.
		4.4 CITY-ST-ZIP:	Tampa, FL 33610
TITLE: VD	NAME: CHAMBERS, KELLY	5.1 TITLE: VD	Kay Doughty
STREET ADDRESS: 1202 PALM AVE	CITY-ST-ZIP: TAMPA FL	5.2 NAME:	5.3 STREET ADDRESS: 4402 E. Columbus Dr.
		5.4 CITY-ST-ZIP:	Tampa, FL 33605
TITLE: D	NAME: BEVIS, COLLEEN	6.1 TITLE:	
STREET ADDRESS: 6523 BAYSHORE BLVD	CITY-ST-ZIP: TAMPA FL	6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane M. Smith Diane M. Smith 7-6-95 (813) 238-8411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12090
1. Corporation Name
Hillsborough Constituency for Children, Inc.

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
P.O. Box 272717
Tampa, Florida 33688-2717

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report 04/94
4. FEI Number 59-2659511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Same as above	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Mr. Paul R. Holden 1202 E. Palm Avenue Tampa, FL 33605		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1800, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Paul R. Holden TREASURER DATE 5-30-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L. Adlai Boyd, PhD	1.2 NAME	
STREET ADDRESS	13301 Bruce B. Downs	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33612	1.4 CITY-ST-ZIP	
TITLE	First Vice-President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly Chambers	2.2 NAME	
STREET ADDRESS	1202 E. Palm Avenue	2.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33605	2.4 CITY-ST-ZIP	
TITLE	Second Vice-President	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kay Doughty	3.2 NAME	
STREET ADDRESS	4402 E. Columbus Drive	3.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33605	3.4 CITY-ST-ZIP	
TITLE	Secretary	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diane Smith	4.2 NAME	
STREET ADDRESS	2214 E. Henry Ave., Tampa, FL 33610	4.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33610	4.4 CITY-ST-ZIP	
TITLE	Treasurer	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul R. Holden	5.2 NAME	
STREET ADDRESS	1202 E. Palm Avenue	5.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33605	5.4 CITY-ST-ZIP	
TITLE	Immediate Past President	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Tribunella	6.2 NAME	
STREET ADDRESS	3110 Clay Mangum Lane	6.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33618	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul R. Holden PAUL R. HOLDEN DATE 5-30-95 (613) 273-7670
Signature and typed or printed name of signing officer or director